

N. B.—In case of more than one birth, a separate birth certificate must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Pima  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192  
County Registrar No. 12  
Local Registrar No. \_\_\_\_\_

2. Full name of child Raudelio Balderrama

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth Jan-25-1927  
Month Day Year

8.

FATHER

Full name

Jesus Balderrama

14.

MOTHER

Full maiden name

Rita Loris

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Ariz

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Ariz

10. Color or race

Mexican

11. Age at last birthday 27 (Years)

16. Color or race

Mexican

17. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Cipton  
Arizona

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Barber

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

at 1 P. m. on the date above stated

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Address

E. J. Stelma  
(Physician or midwife)

Miami Ariz

Given name added from  
a supplemental report

Month, day, year

Filed

19

Local Registrar.

Registrar

Filed

19

County Registrar.

221-125-936